

State Departments
MHSA Progress Report*
Fiscal Year 10-11
Reporting Period: July 1 – December 31

Department Health Care Services

1. Identify 2-3 highlights for this reporting period

- Continued (and expanded) regularly-scheduled, and specially-arranged planning, coordination, and training conference calls/webinars with CalMEND team members and others wishing to learn about CalMEND.
- Continued Phase II activities, including conducting additional learning sessions for, and assessing progress of, the six CPCI and one ICSC county pilots.
- Completed a BCP to extend four DHCS CalMEND staff positions through June 2014, and included plans for Phase III in BCP.

2. Please list all the goals/objectives/activities/deliverables for this reporting period as listed in the MOU work plan and provide an update.

Goal 1. Build effective program and administrative infrastructure for CalMEND					
Objective 1 (1.1) Establish administrative and program expertise within DHCS to enable effective program direction and an effective organizational structure, which supports development and implementation of a care management program.					
Major activities/deliverables	Due Date	Status on achieving objective, activities and deliverables	Identify outstanding policy and program issues	Identify activities being coordinated with the local mental health system and other partners	Upcoming events/opportunities/resources anticipated during the next six months
Provide medical, pharmacy, data analysis, program management and administrative support within DHCS.	Ongoing	- BCP HC 11-05 was reviewed and approved by DHCS management and by CHHS, with some modifications (see next column), & was forwarded to DOF for review.	- Existing four CalMEND positions are limited term through 6/30/11. New BCP extends through 2014. Two new positions were denied: Medical Con-sultant & Nurse Consul. - Barry Handon, MD, serving as DHCS CalMEND director for	- Roles and responsibilities of these positions include administrative oversight of activities involving local mental health systems (i.e., seven counties' MH providers involved in the two pilot projects). - Held an all-CalMEND staff meeting in August, 2010	- Anticipate approval by DOF and inclusion of these positions in 2011-12 State Budget.

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			years, retired 12/31. Recruitment for his replacement began prior to his retiring.		
Selection of change concepts to promote integration of publicly funded primary care and mental health services.		<ul style="list-style-type: none"> - The Change Package modifications were reviewed by expert faculty, and presented to the Pilot Collaborative Teams for their use in the Integration Pilot Collaborative. - Pilot Collaborative teams began running small tests of change guided by the change concepts to determine how best to incorporate these concepts into and across the partnership organizations 			Integration Pilot Collaborative will further inform and modify the change Package and will continue to receive training and TA from experts as they move forward on their integration projects, reporting back on a regular basis on their progress.
CalMEND staff began efforts to partner with the CA Department of Alcohol and Drug Programs (ADP) to obtain ADP Treatment data. The data will be merged with Medi-Cal claims and encounter data for the purpose of quality improvement research efforts for individuals with SMI/SED and substance use disorder.	Ongoing	The interagency agreement was sent to ADP for minor revision as part of the process of finalizing the interagency agreement with ADP.		Partnering with another state department (ADP) that includes individuals with SMI in its service populations.	Anticipate the approval of the BAA, DUA, and the MOU

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<p>CalMEND staff began the process of joining with six other states to be part of a consortium, the “Medication Network for Evidence Based Treatment (MEDNET)” for a three-year quality improvement initiative beginning 10/1/10--running through 9/30/12.</p> <p><u>Project Goals:</u></p> <ul style="list-style-type: none"> - To increase the utilization of evidence-based clinical and delivery system practices in the provision of mental health treatment for Medi-Cal beneficiaries. - To increase the use of evidence based practices for effective and safe use of antipsychotic and other psychotropic medications, in the context of overall improved clinical management of care to these populations including utilization of appropriate alternative psychosocial interventions. 	Sept. 30, 2012	Initial planning teleconferences were held in late 2010.		This is a six-state MH partnership.	<ol style="list-style-type: none"> 1. Apply established measures for antipsychotic use patterns & utilize measures to implement a profile of use patterns. 2. Network w/Medicaid & MH leadership across states to review utilization data and current comparative effectiveness (CE) evidence, and exchange information on policies and practices in management of anti-psychotic treatments; document policies across states and support translation of successful practices. 3. Implement quality improvement program in practices serving Medi-Cal beneficiaries. 4. Evaluate impact of activities under Obj. 1-3 through qualitative & quantitative strategies, including ongoing assessment, and documentation of quality improvement activities and outcomes.
<p>Smoking Cessation in Behavioral Health</p> <p>This is a partnership with California Department of Public Health (CDPH), Tobacco Control Program and the California Smokers’ Helpline.</p> <p><u>Project Goals:</u></p> <ol style="list-style-type: none"> 1. To increase access and awareness of California Smokers’ Helpline in behavioral health settings serving Medi-Cal beneficiaries. 2. To educate providers on smoking cessation using evidence-based approach 	Ongoing	CalMEND pharmacist, CDPH staff, and California Helpline staff and Tobacco Control Program staff conducted a series of needs assessment and program development meetings in October, November and December 2010.	Increase partnership with departments such as California Department of Public Health to bring available resources that are free.	CDPH, California Helpline, Tobacco Control Program, County Behavioral Health Services, UCSD, UCSF	<p><u>Current and future objectives:</u></p> <ol style="list-style-type: none"> 1. Advertise to county behavioral health services, resources available through California Smokers’ Helpline. 2. Conduct webinars to educate providers at the county behavioral health services on smoking cessation motivational interviews and follow up, using evidence-based approach. 3. Develop curriculum specific to

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3. To promote wellness and recovery by. incorporating smoking cessation as part of clients' self-care and self-management.					needs of county behavioral health <u>Upcoming events:</u> 1. California Smokers' Helpline staff to hold display of Helpline information at the 3rd CPCI learning session in Sacramento on January 20-21, 2011. 2. CalMEND pharmacist serves as advisor to the Wellness Session during the CPCI learning session January 20-21, 2011. 3. Webinar scheduled on February 23, 2011 as part of CPCI action period call.
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Goal 1: Build effective program and administrative infrastructure for CalMEND

Objective 2 (1.2)

Secure effective specialty mental health, reimbursement, quality improvement and data collection, analysis and health information exchange consultation or expertise.

Major activities/deliverables	Due Date	Status on achieving objective, activities and deliverables	Identify outstanding policy and program issues	Identify activities being coordinated with the local mental health system and other partners	Upcoming events/opportunities/resources anticipated during the next six months
Continue working with CalMEND team of contract consultant staff, finalizing outstanding contracts or amending or extending current contracts where necessary, and directing ongoing activities, facilitating partnerships, etc, to facilitate the completion of the CalMEND goals and objectives.	Ongoing—through term of contracts	<ul style="list-style-type: none"> - All but one of six counties' contracts for CPCI project were finalized (anticipate 6th will clear in early 2011). - CiMH reduced number of CalMEND consultants on staff by two, to reduce expenses and eliminate redundancy. - Two contracts (interagency agreements) ended during this period: with UCLA on 12/21/10 for "Strength of Scientific Evidence for the Use and Safety Monitoring of Children", and with UCSD on 9/30/10 for "Medication Therapy Management Service". 	Because most of the CalMEND contracts and interagency agreements begin & end their terms at different times (and for varying lengths), staff worked closely w/DHCS contracts unit & with the contracted personnel to ensure smooth transitions, as well as determining need to extend or amend contracts, etc. To assist with this process, CalMEND Office Tech, Lauren Kwan, was assigned contracts and invoice processing and maintenance duties (assisting HPS-II).	All of the activities /projects undertaken by these contracted partners are linked directly or indirectly to local MH service providers--including the 10 MH facilities (in seven counties) involved in the two pilot projects-- and/or are linked to MH service recipients (clients or family members), including through the university research projects. In addition, the Client and Family Member Subcommittee members have provided input/feedback on most of these activities.	<p>Plans to renew the UCSD IA will begin in 2011.</p> <p>DHCS CalMEND staff and management will begin reviewing current contracts/IAs/MOUs and all CalMEND partnerships to determine best direction to go in 2011-12.</p>

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Goal 2: Improve Mental and Medical Health Outcomes for persons with SMI or SED					
Objective 1 (2.1) Improve integration of mental and medical care services at the primary care level for older adults and adults.					
Major activities/deliverables	Due Date	Status on achieving objective, activities and deliverables	Identify outstanding policy and program issues	Identify activities being coordinated with the local mental health system and other partners	Upcoming events/opportunities/resources anticipated during the next six months
1. CalMEND Pilot collaborative to Integrate Primary Care and Mental Health Services (CPCI)	Year 2	<ul style="list-style-type: none"> - Finalized service contracts with six county MH agencies. - Teams shared their testing experience in bimonthly web conferences and at a second Learning Session in late September. - Additional training on change methodology (model for improvement, MFI) of the Institute for Healthcare Improvement Breakthrough Series (BTS) model for rapid cycle quality improvement was provided during collaborative meetings. - Refined the Core Measures to track health and integration outcomes for individuals w/SMI. - Pilot Collaborative teams 	<p>Information exchange on shared clients/patients between each team's partnering organizations has been hampered by systems limitations and differing applications of privacy standards.</p> <p>Updating of CalMEND website has been delayed, due to staffing shortages at DHCS and CiMH (also, individual responsible for supporting website left CiMH last year).</p>	<ul style="list-style-type: none"> - Continued planning meetings by Core Team. - Convened an expert faculty panel and held regular meeting. - Held bi-monthly web conferences for participating cross-organizational teams. - Held one 2-day Learning Session for six county teams with expert faculty. 	<ul style="list-style-type: none"> - Hold Learning Sessions #3 and #4 to continue training county staff as they implement change within their organizations. - Collecting and reviewing data from pilots and feedback from client participants. - Planning next phase of pilot activities. - Conducting site visits to the county teams' care settings to understand the context for the teams' integration efforts and provide more targeted support on location.

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| | | <p>began monthly reporting using the Core Measures. By the end of the period, five of six teams were reporting on some of the measures.</p> <ul style="list-style-type: none">- To maintain a record of their findings through testing of changes, teams prepared monthly narrative reports and presented storyboards at the September Learning Session.- Revised Change Package regarding best and promising primary care/mental health integration practices to incorporate early experiences in the Pilot Collaborative, additional evidence-based findings, and changing standards of care.- Pilot Collaborative teams began running small tests of change guided by the change concepts in the Change Package to determine how best to incorporate these integration changes into and across their partnership organizations. | | | |
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		<ul style="list-style-type: none"> - Conducted one site visit to understand context for the team's integration efforts and provide more targeted support on location. 			
<p>2. Pharmacy-focused efforts in PC/MH integration:</p> <ul style="list-style-type: none"> - Medication Therapy Management (MTM)-- Integrating Client-centered clinical pharmacy services with comprehensive MTM into primary care and mental health settings. - Help support counties in continuation of performance improvement project (PIP) - Identify resources that further enhance clinical pharmacy services. - Interface with MH consumers and their family members, embeddgin C/F philosophy into pharmacy practice model. 	Year 2	<ul style="list-style-type: none"> - UCSD MTMS pilot completed on 9/30/10 - Interim report received (poster format) - Final report received 12/31/10 - Four 1-hour webinars were conducted as part of collaborative PIP education seminars to PIP counties & other CalMEND teams & partners. Webinar titles: <ul style="list-style-type: none"> - Building a High Performance Medication Education Group for Improved Care; - Medication Education Groups as a Quality Improvement Intervention; - CalMEND Utilization Review/Utilization Management Study of Antipsychotics to Improve Safe Medication Use and Health Outcomes; and - Using Medi-Cal Prescription Claims Data to Improve Health Outcomes for 	Continue to integrate pharmacy services in the pilots by 1) introducing pharmacist as a member of the multidisciplinary team; introduce the role of the pharmacist in team. 2) Participate in the CPCI Self-Management/Self-care work group; begin to develop smoking cessation in behavioral health.	As described in 1, above, project is working with both county MH agency staff and their primary care partner.	<ul style="list-style-type: none"> - MTM Service demonstration project—post UCSD pilot - Design a survey of clinical pharmacy services in primary care clinics that have high number of MH clients. - Follow up of survey results to develop pilots to implement model in these settings. - Ongoing: <ul style="list-style-type: none"> - Provide pharmacist support to CPCI & ICSC pilot projects - CalMEND UM/UR reports - Pharmacy Alert - Data support to entities - Webinars & teleconferences - Identify QI best practices - Develop new QI templates - Research MTMS reimbursement strategies

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| | | <p>Antipsychotic Recipients.</p> <ul style="list-style-type: none">- CalMEND Pharmacist Consultant presented at CPCI learning session in Oct. 2010 to introduce role of the psychiatric pharmacist to counties & encouraged them to tap into their pharmacy resources & to contact CalMEND Pharmacist Consultant for more resources.- CalMEND Pharmacist Consultant regularly attends Client and Family Subcommittee (C/F) conference calls. C/F subcommittee members are routinely in the invitation list for all PIP webinars, & are asked to review draft documents for feedback, including CalMEND UR/UM report & MTMS pilot study. | | | |
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Goal 2: Improve Mental and Medical Health Outcomes for persons with SMI or SED					
Objective 1 (2.1) Improve efficiency and effectiveness of services provided in specialty mental health systems for persons with SMI					
Major activities/deliverables	Due Date	Status on achieving objective, activities and deliverables	Identify outstanding policy and program issues	Identify activities being coordinated with the local mental health system and other partners	Upcoming events/opportunities/resources anticipated during the next six months
ICSC (Improving Client Service Capacity)—Teams from mental health organizations in LA County are learning how to effect change that will improve transitions and recovery for clients with SMI.	Year 2	<ul style="list-style-type: none"> - Pilot collaborative's four teams & faculty continued to learn about BTS & MFI ('Break Through Series' & 'Model for Improvement'). - Conducted Learning Sessions 2 & 3 and Action Periods that followed. - Completed a draft Behavioral Health Care Change Package organized by the Wagner Care Model. - Using the change ideas in the Change Package the teams continued to run tests of change within their settings. - Developed a set of project measures. 	<ul style="list-style-type: none"> - Making time and resources available for the projects. - Addressing the organizational and cultural barriers to quality improvement & small scale testing. - Acceptance and expectation of recovery. - Providing necessary medical care and including primary care organizations in recovery process. - Use of the BH competencies in the HCR policy and program activities. 	<ul style="list-style-type: none"> - Continued working with community behavioral health organizations in the LA FSP Regional Learning Collaborative to participate in the CalMEND/CiMH ICSC pilot. - Partnership with CalMEND CPCI Integration Collaborative to successfully use the IHI BHS and model for improvement methods to make fundamental changes needed to improve quality of care. 	<ul style="list-style-type: none"> - Conduct Learning Sessions and Action Periods #3 through #5 and prepare for "Harvest Session" in early FY 11-12. - Revise the Change Package based upon the accumulated learning. - Begin development of plan for spread: <ul style="list-style-type: none"> - In LA County - In other counties or regions - Statewide

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Goal 2: Improve Mental and Medical Health Outcomes for persons with SMI or SED					
Objective 3 (2.3): Improve efficiency and effectiveness of services provided for children/youth, including transitional age youth (TAY).					
Major activities/deliverables	Due Date	Status on achieving objective, activities and deliverables	Identify outstanding policy and program issues	Identify activities being coordinated with the local mental health system and other partners	Upcoming events/opportunities/resources anticipated during the next six months
1. Continue Health Services Research on safety of medications for children/youth	12/31/10	Completed "Approaches to Rating Scientific Evidence: An Overview"	Work ended with end of contract term. DHCS management made decision not to extend contract beyond 12/31/10.		This was to have been the first of three stages. This stage laid the groundwork by defining the standards for rating evidence; those standards were to have been used in a review of published studies in order to develop benchmarks for evaluating performance in California.
2. Develop and implement a Decision Aid (DA) Tool that will help people make specific, deliberate choices, provide information about the options and outcomes that are relevant to a person's health status and clarify personal values, and provide adjuncts to counseling and improving personal decision making. <i>[note: this deliverable is repeated under Goal 3, following Client and Family Member activities, because it relates to both areas]</i>	Year 2	<ul style="list-style-type: none"> - Reviewed drafts of the DAs with clients, family members, physicians at Alameda County; obtained written and verbal feedback revised accordingly. - Contract executed for collaboration with UCLA to plan and develop a process of how to use DAs within the context of a public MH setting. 	None	See Column 3, bullets 3 through 7	

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		<ul style="list-style-type: none">- Recruited clinic site to do above work with UCLA.- Outreach and discussions with DA developers, including University of Ottawa, SAMHSA, Society for Medical Decision Making for updates of development in shared decision-making and DAs.- Reviewed drafts of the DAs with clients, family members, physicians at Alameda County; obtained written & verbal feedback; revised accordingly.- Contract executed for a collaboration w/UCLA to plan & develop a process of how to use DAs w/in the context of a public MH setting.- Recruited clinic site to do above work with UCLA.- Outreach and discussions w/DA developers, including Univ of Ottawa, SAMHSA, Society for Medical Decision Making for updates of development in shared decision-making and DAs .			<p>Continue outreach and discussion with DA developers.</p>
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Goal 3: Support client recovery, resilience, rehabilitation					
Objective <i>None identified.</i>					
Major activities/deliverables	Due Date	Status on achieving objective, activities and deliverables	Identify outstanding policy and program issues	Identify activities being coordinated with the local mental health system and other partners	Upcoming events/opportunities/resources anticipated during the next six months
1. CalMEND Client and Family Member Subcommittee continued to provide input and feedback on CalMEND activities in order to facilitate: <ul style="list-style-type: none"> - Inclusion of consumers/family members' perspective through participation in development of CalMEND work projects. - Incorporating wellness/recovery/resilience in CalMEND activities using the lived experiences of consumers/family members. 	Year 1 and ongoing	<ul style="list-style-type: none"> - Participated in CalMEND convening of staff and consultants (August 2010) for all major projects and participated in identifying goals for CalMEND Year 2 objectives. - C/F Subcommittee members participated with CPCI & ICSC Pilots as key consultants and faculty in the: <ul style="list-style-type: none"> - ICSC Planning Group - CPCI Planning Group, - Core Team & faculty for Learning Sessions - Decision Aid Steering Committee - IDSS Subcommittee - Project Leads meeting - Completed Matrix of C/F Committee Activities as 	<ul style="list-style-type: none"> - Need continued focus on how to insure that C/F members have significant role and effective voice in CalMEND projects that move from planning to implementation. - Continue focus on bringing emphasis as well as emerging best practices regarding wellness/resilience and self-management support (Example: HARP Self - Management Support Model in CPCI) - Training/TA issues: <ul style="list-style-type: none"> - more training for C&F members on "having a voice"; and 	<ul style="list-style-type: none"> - Incorporate wellness/recovery/resilience in CalMEND activities, using the lived experiences of consumers/family members. - Provide input and feedback on CalMEND activities in an effort to educate team members and service providers and improve outcomes of activities and products. - Inclusion of consumers/family members' perspective, especially throughout the evolution of the integration activities. 	<ul style="list-style-type: none"> - Begin editing the MH Compendium again;

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2. Provide support to C/F Subcommittee members to increase organizational effectiveness and to plan and organize activities through remainder of project period.	Ongoing	<p>well as regular liaison assignments to key CalMEND committees and projects</p> <ul style="list-style-type: none"> - Identified and contracted with external consultant to provide assessment and technical assistance re: organizational effectiveness 	<ul style="list-style-type: none"> - on how to partner effectively with other subcommittees /activity leads on “finding this voice” (i.e., mentoring) 		<p>Continue consultation and identify training as requested by C/F:</p> <ul style="list-style-type: none"> - Increasing effective involvement in CalMEND activities, especially as subcommittee members for various activities; and - Provide greater focus on incorporating self-management approaches
<p>3. Carry out C/F Committee initiated activities</p> <ul style="list-style-type: none"> - Client/Family Member Perspectives on the Integration of Mental Health/Substance Use and Primary Care 	Spring 2011	<ul style="list-style-type: none"> - Integration White Paper Workgroup established, outline completed, research underway, initial drafts of C/F and provider questionnaires completed to gather perspectives on integration 	<ul style="list-style-type: none"> - Integration is key area of concern for Client and Family groups 		<p>Completed issue paper about integration (PC/MH) from the C/F perspective will be presented at statewide MH/SUD/PC forum on integration in May 2011.</p> <p>Co-occurring Joint Action Council is sponsoring one day meeting on integration and is featuring C/F perspective and White Paper by CalMEND C/F Work Group as key area of focus in MH/SU Integration Summit (to be held on 1/27/11)</p> <p>Create Roadmap for Recovery for Family Members.</p>
<ul style="list-style-type: none"> - Compendium of Educational Materials: Compile and disseminate user-friendly compendium accessible on the CalMEND website. - C/F Subcommittee to identify additional strategies to market to user audience (especially county MH Directors and other BH leaders) to increase appropriate use of client and family educational materials, working with partner organizations and agencies to disseminate. 			<ul style="list-style-type: none"> - Running into challenges w/ moving “Compendium” into an online format where the ENDNOTE database information would be accessible using RefMan software on the CalMEND website. Need Compendium information that would allow Members to test the software. 		

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4. Develop and implement a Decision Aid (DA) Tool that will help people make specific, deliberate choices, provide information about the options and outcomes that are relevant to a person's health status and clarify personal values, and provide adjuncts to counseling and improving personal decision making.		- Reviewed drafts of the DAs with clients, family members, physicians at Alameda County; obtained written & verbal feedback; revised accordingly. C/F Subcommittee members participate on DA workgroup.	None	Project conducted with assistance of C/F Subcommittee Members	Continued outreach and discussion with DA developers.
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<u>Goal 4: Identify reimbursement goals and strategies to support improved care</u>					
<u>Objective</u> <i>None identified.</i>					
Major activities/deliverables	Due Date	Status on achieving objective, activities and deliverables	Identify outstanding policy and program issues	Identify activities being coordinated with the local mental health system and other partners	Upcoming events/opportunities/resources anticipated during the next six months
Identify current reimbursement mechanisms for services provided to Medi-Cal beneficiaries with SMI or SED, and any significant gaps and determine strategies to develop necessary reimbursement mechanisms to support service changes/improvements recommended by CalMEND.	Year 2 and ongoing	<i>No updates from last report</i>		Collaboration with partner organizations	<i>None identified.</i>

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Goal 5: Improve efficiency and effectiveness of data collection and analysis and health information exchange efforts to support achievement of CalMEND UM/UR, QI, service integration, reimbursement and research goals/objectives.

Objective: *None identified.*

Major activities/deliverables	Due Date	Status on achieving objective, activities and deliverables	Identify outstanding policy and program issues	Identify activities being coordinated with the local mental health system and other partners	Upcoming events/opportunities/resources anticipated during the next six months
1. Development and facilitation of data sharing strategies, policies, and procedures to support CalMEND pilots, PIPs, research, and interagency activities.	Ongoing, w/specific deliverables determined yearly.	- Worked w/NCCBH (National Council for Community Behavioral Healthcare) to assess the IT capabilities of each county participating in CPCI.	- Development of Health Information Exchange (HIE) ----DHCS's proposed contract with an organization to provide HIE services was denied by Dept. of General Services.	- Collaborate w/the Dept. of Mental Health on data sharing agreements (i.e. CSI data).	
2. Provide data support to CalMEND performance improvement project (PIP) counties for quality improvement (QI).	Ongoing	Provided Medi-Cal paid claims to PIP counties for their webinars on QI		- Continue current efforts at interagency sharing of public health information including Medi-Cal pharmacy data and other protected health info being shared with participating PIP counties.	- Provide expanded Medi-Cal pharmacy paid claims data on psychotropic drugs to Alameda County -- one of the PIP counties. - Planned data support to Orange County Cal-Optima for QI